



LOS OLIVOS CHAMBER OF COMMERCE

2017 Member Update Form

Member Business Name: _____

Retail Wine/Beer Eating Establishment Service Business

Website: _____

Physical Business Address:

_____ City: _____ State: _____ Zip: _____

Billing/Mailing Address:

_____ City: _____ State: _____ Zip: _____

Contact Information:

Owner Name: _____ **Ph #:** _____ **Email:** _____

1st Contact: _____ **Ph #:** _____ **Email:** _____

2nd Contact: _____ **Ph #:** _____ **Email:** _____

Committee Participation:

Please indicate who on your staff is interested in joining the following committees:

- Event (Day in the Country) _____
- Event (Olde Fashioned Christmas) _____
- Marketing/Web/Email _____
- Membership _____
- Town Services _____
- Other _____

Submitted By: _____

Name	Title	Date
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Please return or fill out online version by March 15th to: PO Box 280, Los Olivos, CA 93441.

For membership inquires please contact:

Email: membership@losolivosca.com

Phone: Sue Turner-Cray (805) 455-1008 or Jefferson Woeste (805) 680-4369